

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Association of Fundraising Professionals Political Action Committee

ADDRESS (number and street) ▼

4300 Wilson Boulevard

#300

☐ Check if different than previously reported. (ACC)

Arlington

VA

22203-4168

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00382143

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

04

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Jason R. Lee Esq.

Signature of Treasurer

Mr. Jason R. Lee Esq.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Association of Fundraising Professionals Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		36014.06
(b) Cash on Hand at Beginning of Reporting Period.....	34797.38	
(c) Total Receipts (from Line 19) .....	8195.00	8790.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42992.38	44804.06
7. Total Disbursements (from Line 31) .....	1646.60	3458.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41345.78	41345.78
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Association of Fundraising Professionals Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6750.00	6750.00
(ii) Unitemized .....	1445.00	2040.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	8195.00	8790.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8195.00	8790.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	8195.00	8790.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8195.00	8790.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	150.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements .....	1646.60	3308.28
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1646.60	3458.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1646.60	3458.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8195.00	8790.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8195.00	8640.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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NAME OF COMMITTEE (In Full)

Association of Fundraising Professionals Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bill Bartolini**

Mailing Address 6 Gullick Road

City  
PrincetonState  
NJZip Code  
08540FEC ID number of contributing  
federal political committee.

C

Name of Employer

RFBD

Occupation

Chief Development Officer

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 20 / 2015

Transaction ID : SA11AI.5903

Amount of Each Receipt this Period

250.00

contribution to AFP PAC

Full Name (Last, First, Middle Initial)

**B. Tim Burcham**

Mailing Address P.O. Box 14092

City  
LexingtonState  
KYZip Code  
40512FEC ID number of contributing  
federal political committee.

C

Name of Employer

KCTCS

Occupation

VP/Exec. Director, KCTCS Foundation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period

1000.00

contribution to AFP PAC

Full Name (Last, First, Middle Initial)

**C. Catherine Connolly**

Mailing Address 3239 Port Pacific Lane

City  
Eld GroveState  
CAZip Code  
95758FEC ID number of contributing  
federal political committee.

C

Name of Employer

CM Connolly

Occupation

fundraiser

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SA11AI.5897

Amount of Each Receipt this Period

2500.00

contribution to AFP PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Association of Fundraising Professionals Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephanie Cory**

Mailing Address 240 N. St. James Street  
Suite 104

City State Zip Code  
Newport DE 19804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Epilepsy Foundation of Delaware

Occupation  
Exec. Dir.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : SA11AI.5893**

Amount of Each Receipt this Period

250.00

contribution to AFP PAC

Full Name (Last, First, Middle Initial)

**B. Kevin Foyle**

Mailing Address 1806B W. Webster St

City State Zip Code  
Houston TX 77019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rice University

Occupation  
Associate VP for Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : SA11AI.5895**

Amount of Each Receipt this Period

250.00

contribution to AFP PAC

Full Name (Last, First, Middle Initial)

**C. Ann M. Hale**

Mailing Address 13301 Vern Drive

City State Zip Code  
Anchorage AK 99508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alaska Pacific University

Occupation  
Dir. of Univ. Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : SA11AI.5900**

Amount of Each Receipt this Period

250.00

contribution to AFP PAC

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Association of Fundraising Professionals Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Grace Hong**

Mailing Address 1931 Kenyon St., NW

City State Zip Code  
 Washington DC 20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Duke Ellington School - Arts Chief Development Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2015

**Transaction ID : SA11AI.5921**

Amount of Each Receipt this Period

250.00

contribution to AFP PAC

Full Name (Last, First, Middle Initial)

**B. Alan Hutson**

Mailing Address 513 N. Blvd.  
 #6

City State Zip Code  
 Richmond VA 23220

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 The Monument Group Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2015

**Transaction ID : SA11AI.5899**

Amount of Each Receipt this Period

500.00

contribution to AFP PAC

Full Name (Last, First, Middle Initial)

**C. Gregg Kelley**

Mailing Address 1331 H St NW  
 Suite 350

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Legal Aid Society of DC Dir. of Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2015

**Transaction ID : SA11AI.5934**

Amount of Each Receipt this Period

250.00

contribution to AFP PAC

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Association of Fundraising Professionals Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeff Kost**

Mailing Address 4715 31st St., S  
#1-A

City State Zip Code  
Arlington VA 22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Development Resources, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : SA11AI.5896**

Amount of Each Receipt this Period

250.00

contribution to AFP PAC

Full Name (Last, First, Middle Initial)

**B. Chase Maggiano**

Mailing Address 1435 S St., NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gay Men's Chorus of Washington

Occupation  
Exec. Dir.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : SA11AI.5923**

Amount of Each Receipt this Period

250.00

contribution to AFP PAC

Full Name (Last, First, Middle Initial)

**C. Allan Peterkin**

Mailing Address 412 Jarvis St.  
Unit 502

City State Zip Code  
Toronto ZZ 00000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt. Sinai Hospital/University

Occupation  
Professor of Medicine of Toronto

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : SA11AI.5911**

Amount of Each Receipt this Period

500.00

contribution to AFP PAC

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.5911

Mr. Allan Peterkin is a U.S. Citizen (born in Langdon, North Dakota) and is currently teaching as a college professor in Toronto, Canada.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Association of Fundraising Professionals Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeremy Wells**

Mailing Address 10970 Buchanan Rd., NE

City  
Blaine

State  
MN

Zip Code  
55434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Philanthropy Partner

Occupation

VP, Phil. Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : SA11AI.5888**

Amount of Each Receipt this Period

250.00

contribution to AFP PAC

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

6750.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of Fundraising Professionals Political Action Committee

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Mailing Address One Park Place

City	State	Zip Code
Atlanta	GA	30303

**Transaction ID : SB29.5925**Purpose of Disbursement  
bank fee

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

199.51

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Mailing Address One Park Place

City	State	Zip Code
Atlanta	GA	30303

**Transaction ID : SB29.5926**Purpose of Disbursement  
credit card fee

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

34.81

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Mailing Address One Park Place

City	State	Zip Code
Atlanta	GA	30303

**Transaction ID : SB29.5927**Purpose of Disbursement  
bank account analysis fee

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

164.70

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

399.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of Fundraising Professionals Political Action Committee

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2015

Mailing Address One Park Place

City	State	Zip Code
Atlanta	GA	30303

**Transaction ID : SB29.5928**Purpose of Disbursement  
bank fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

441.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2015

Mailing Address One Park Place

City	State	Zip Code
Atlanta	GA	30303

**Transaction ID : SB29.5929**Purpose of Disbursement  
bank account analysis fee

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

165.56

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2015

Mailing Address One Park Place

City	State	Zip Code
Atlanta	GA	30303

**Transaction ID : SB29.5930**Purpose of Disbursement  
credit card fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

275.94

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

883.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of Fundraising Professionals Political Action Committee

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address One Park Place

City	State	Zip Code
Atlanta	GA	30303

Purpose of Disbursement  
bank fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SB29.5931

Amount of Each Disbursement this Period

182.29
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Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address One Park Place

City	State	Zip Code
Atlanta	GA	30303

Purpose of Disbursement  
bank account analysis fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SB29.5932

Amount of Each Disbursement this Period

164.19
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Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address One Park Place

City	State	Zip Code
Atlanta	GA	30303

Purpose of Disbursement  
credit card fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SB29.5933

Amount of Each Disbursement this Period

18.10
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

364.58
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1646.60
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